Society Proceedings

Abstracts of the 17th European Congress of Clinical Neurophysiology

Warsaw, Poland, 5-8 June 2019

Organised by

Polish Society of Clinical Neurophysiology
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Europe-Middle East-Africa Chapter (EMEAC) of the International Federation of Clinical Neurophysiology (IFCN)
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v. 06/06/2019

P51-T

A new approach to the radial nerve conduction block determination in the upper arm

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Background:There are technical limitations in the radial nerve studies in the upper arm using surface electrodes. One of the limitations is that stimulation at the axilla and Erb`s point stimulates the entire brachial plexus along with the radial nerve.
Material and Methods: Twenty-one healthy volunteers, 55 patients with compressive neuropathies of the radial nerve in the spiral groove and 22 patients with complete radial nerve injuries were studied. Control group (65 radial nerves) consisted of healthy subjects and patients with the undamaged side. Stimulation was carried out at: (1) the distal part of lateral brachium (distal point); (2) Erb's point (proximal point); (3) the middle part of medial brachium – median and ulnar nerves (additional point). CMAP area recorded from the extensor digitorum was analyzed. Conduction block (CB) in percentage was calculated using the formula: ((distal CMAP + additional CMAP) – proximal CMAP)) x 100 / (distal CMAP + additional CMAP).
Results: In control group and patients with complete nerve injury CB was not registered (4.2 ± 9.8% and -1.7 ± 11.7% respectively), whereas in patients with compressive radial nerve neuropathy CB was 61.2 ± 11.2% ($P < 0.001$). In patients with the radial nerve complete injury, the proximal CMAP did not differ from the additional CMAP. Conduction velocity in the control group did not differ from that found in neuropathies.
Conclusion: Median and ulnar nerves stimulation in the middle part of medial brachium is recommended as an additional brachium diagnostic point for radial nerve CB determination.

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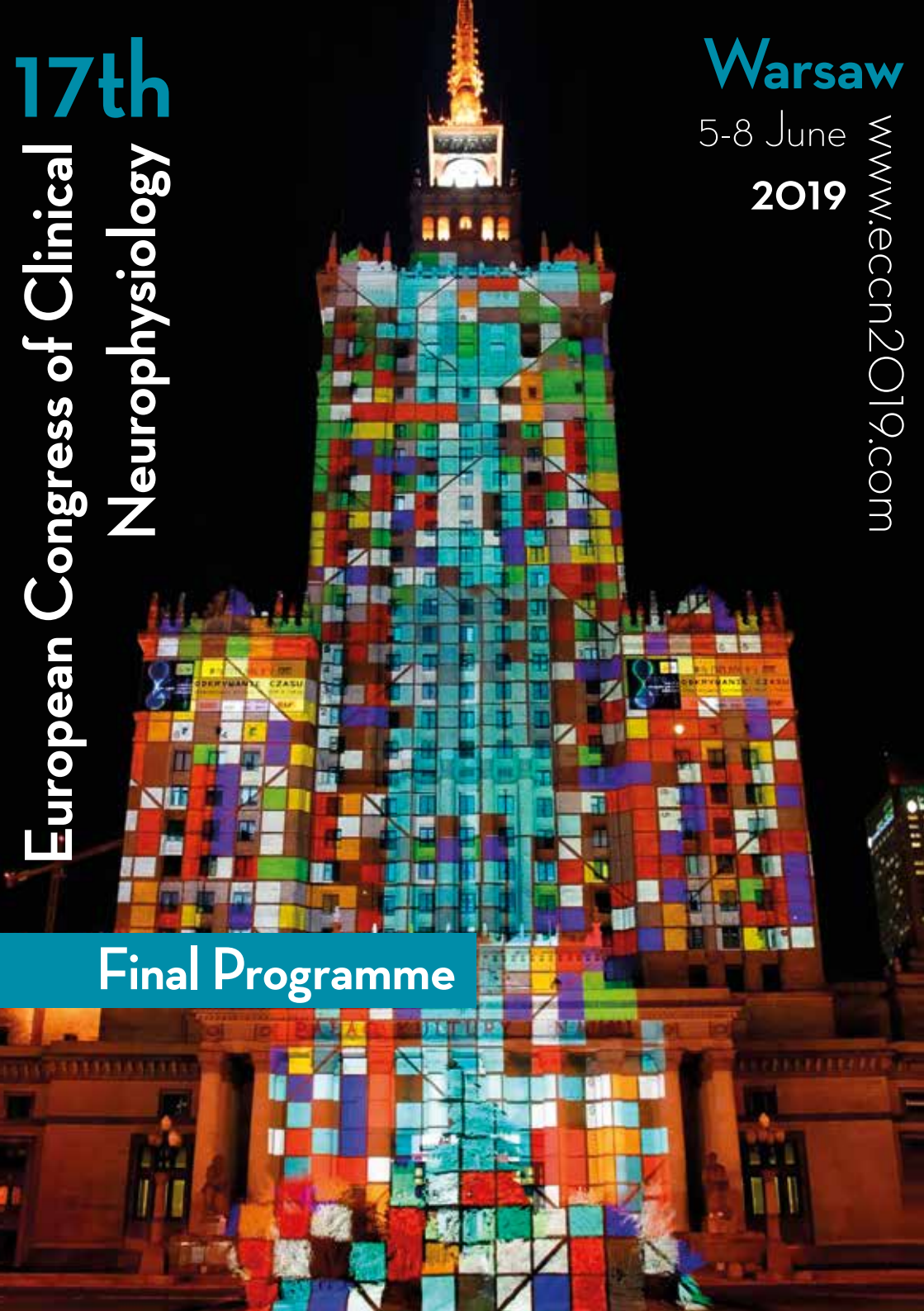

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Nerve conduction studies-Ultrasonography

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